ENTRY BLANK PLEASE TYPE OR PRINT Entered previous May Show N ves □ no ☐ Ms. Mr. Artist DERRILL C (Last Name Last) Permanent LAKEWOOD ELBUR AVE Address City 44107 Tel. (216) 221-2508 Area Code Temporary or Studio Address Street City Tel. () Zip Area Code If you do not presently live in one of the counties of the Western Reserve, which county were you born in? ____ Collaborator _ (If Anv) If May Show entries are not accepted or not sold: Artist will pick up at Museum. ☐ Museum should dispose of. ☐ Museum should ship to artist C.O.D. at this address: **Special Instructions** When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until May 13, 1979.

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The submission of objects will be construed as acceptance of all conditions printed in the entry information

Signature _

ENTRY BLANKS					
	1. Paintings 4. Sculpture	☐ 2. Gra		☐ 3. Phot ☐ 6. Craft	
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Title Rox	RIVE	Medi	TEV	U NO.	I
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2 □ 1. Paintings □ 2. Graphics □ 3. Photography □ 4. Sculpture □ 5. Electric □ 6. Crafts					
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